



COPY

PATENT
1112-1-052CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : SHI ET AL.
SERIAL NO. : 09/941,997 EXAMINER : J. HINES
FILED : AUGUST 29, 2001 ART UNIT : 1645
FOR : TROPONIN I POLYPEPTIDE FRAGMENTS AND USES
THEREOF

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 10, 2003.

Lois A. Snure
(Name of Depositor)

Lois A. Snure 9/10/03
(Signature and Date)

AMENDMENT AND RESPONSE

COMMISSIONER FOR PATENTS
P.O. Box 1450
ALEXANDRIA VA 22313-1450

Dear Sir:

This is in reply to the Notice of Noncompliant Amendment which was mailed from the United States Patent and Trademark Office on 5 September 2003. Contained herein are the following Sections: I) Complete Listing of All Claims and II) Closing.

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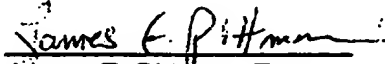
Fees

No fees are believed to be required for this REPLY. However, should this be erroneous, authorization is hereby given to charge Deposit Account no. 11-1153 for any underpayment.

CONCLUSION

Entry of the foregoing reply into the record is respectfully requested. An early allowance is earnestly sought.

Respectfully submitted,


James E. Pittman, Esq.
Attorney for Applicant(s)
Registration No. 47,860

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/94/997
112-1-052 Cont

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	15	
FOR.	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	15	Minus 20	= -
Independent	5	Minus 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	355.00
X\$ 9=	-
X40=	-
+135=	-
TOTAL	355

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

SMALL ENTITY ☐

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	